

ISSUE SLIP STAPLE AREA (for additional C-45 references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TD	19	8.2.00
O.I.P.E. CLASSIFIER		252	8800
FORMALITY REVIEW	HA		09-13-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim		Date	
Final	Original		
1	✓	11/1/00	4/1/01
2	✓		
3	✓		
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Claim		Date	
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If more than 150 claims or 10 actions  
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